

CERTIFIED LIST OF ABUTTERS
OFFICE OF THE BOARD OF ASSESSORS

To the _____

The undersigned, being an applicant for the land shown in the application package from the Assessors:

MAP _____ BLOCK _____ LOT _____

STREET ADDRESS _____

Has been provided the attached list of abutters as reflected by the Assessors Maps. Parties on the list are those as determined by the Board of Assessors and in compliance with the rules and regulations set forth in the Dracut Zoning By-Laws.

APPLICANT _____

ADDRESS _____

Application for abutters received by the Office of the Assessors on:

_____ day of _____ 20_____

By _____

Fee paid and received by _____

This is to certify that at the time of the last assessment for the taxation made by or for the Town of Dracut, the names and addresses of the parties abutting the parcel herein described are those officially designated as such by this Board.

FOR THE BOARD OF ASSESSORS

KATHLEEN M. ROARK, CHIEF ASSESSOR _____

MEGAN M. SILVESTRO, ASSESSOR _____

ANN VANDAL, ASSESSOR _____

Telephone Number _____

RECEIVED BY _____